

## PRELIMINARY DISCUSSION DRAFT-NOT FINAL

**Recommendation 5:** The role and responsibility of tertiary care<sup>1</sup> psychiatric hospitals within the array of intensive mental health services should be explicitly described and facilities designated in strategic locations by the end of SFY19.

Tertiary care psychiatric hospitals admit, care for, and treat individuals that other mental health care providers find too difficult to treat or too dangerous.<sup>2</sup> Tertiary care psychiatric hospitals should admit individuals on a no eject/no reject basis. Tertiary care psychiatric hospitals should be constantly seeking, developing, and implementing evidence-based, state-of-the-art practice and promising practice treatment approaches. Tertiary care psychiatric hospitals should be part of an array of a well-defined routine and intensive mental health services. Tertiary psychiatric hospitals should have strong linkages with the rest of the array of mental health services to ensure seamless and successful integration of individuals back into community settings.

Tertiary care psychiatric hospital roles and responsibilities should be clearly defined and should be complimentary to the roles and responsibilities of the full array of other mental health services, especially more intensive mental health services. Methods for referring and admitting individuals to tertiary care psychiatric hospitals should also be established including, but not limited to:

- Establishing admission criteria
- Describing the method for physician to physician consultation
- Describing how the tertiary care psychiatric hospital will decide whether or not to admit a patient
- Establishing a method for reconsidering admission decisions

Cherokee mental health institute and Independence mental health institute should be two of the designated tertiary hospitals. In addition, the Department of Human Services (DHS) and hospitals with inpatient psychiatric programs should explore what would be needed for more hospitals to become tertiary care psychiatric hospitals.

A variety of funding options should be considered for state mental health institutes. Consideration should be given to DHS' cost containment proposal to allow state mental health institutes to retain 3rd party revenue to off-set the additional requirement for general funds. In addition, when discussions occur regarding sustainable funding for mental health and disability services (MHDS) regions, the amount MHDS Regions pay for mental health institute treatment for individuals that are their responsibility should be reviewed.

Impediments to fulfilling the tertiary psychiatric hospital roles and responsibilities should be addressed including the Emergency Medical Treatment and Active Labor Act (EMTALA) requirements. EMTALA requires that a Medicare-participating hospital that has specialized capabilities, like a psychiatric hospital, must accept an appropriate transfer from another hospital of an individual with an unstabilized emergency medical condition who requires such

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<sup>1</sup> Tertiary Care is highly specialized medical care usually over an extended period of time that involves advanced and complex procedures and treatments performed by medical specialists in state-of-the-art facilities. Merriam-Webster.com

<sup>2</sup> Substance of the description is from "The Vital Role of State Psychiatric Hospitals"; Joe Parks, M.D. Alan Q. Radke, M.D., M.P.H.; National Association of State Mental Health Program Directors; July 2014

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specialized services. If an individual is found to have an emergency medical condition that requires specialized psychiatric capabilities and the psychiatric hospital has capacity, it is obligated to accept an appropriate transfer of that individual. This transfer must occur regardless of whether the individual meets tertiary care psychiatric hospital admission criteria.

The extent to which tertiary care psychiatric hospitals provide forensic services is another challenge. Forensic services include competency evaluations to stand trial, competency restoration treatment, and treatment for individuals found not guilty due to mental illness<sup>3</sup>. Individuals in these categories tend to have very long lengths of stay and often may not meet tertiary care psychiatric hospital admission criteria. This essentially reduces the number of available beds at these facilities. A thorough review needs to be completed regarding how forensic mental health services are currently provided and funded with the goal of recommending improved methods of serving these individuals.

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<sup>3</sup> Iowa Code §812 and Iowa Ct. R. 2.22(8)